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RULES CLEARINGHOUSE

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CLEARINGHOUSE RULE 98-006

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Revisor of Statutes Bureau and the Legislative Council Staff, dated October 1994.]

2. Form, Style and Placement in Administrative Code

- a. In s. Comm 122.01 (2), the material beginning after the first sentence should be deleted; it duplicates the contents of sub. (3).
- b. In s. Comm 122.01, the second subsection numbered as sub. (3) should be renumbered as sub. (4).
- c. In s. Comm 122.02 (3), “in” should be inserted following “contained.”
- d. There is no definition in the rule of the term “eligible practice area.” It is suggested that a definition be included to provide that: ““Eligible practice area” has the meaning set forth in s. 560.183 (1) (ag), Stats.”
- e. In the title to s. Comm 122.03, “Shortage” should replace “Storage.”
- f. In s. Comm 122.09, reference is made to “certain conditions.” This is vague. It appears that these “certain conditions” are “hardships” and would allow a suspension in the contract for hardships including, but not limited to, the items specified. The same problem exists with s. Comm 128.08.

4. Adequacy of References to Related Statutes, Rules and Forms

In s. Comm 122.03 (2), a cross-reference is made to s. Comm 122.02 (4). There is no such provision.

5. Clarity, Grammar, Punctuation and Use of Plain Language

a. In s. Comm 122.05 (1) (a), evidence of medical school “attendance” is required. Should the provision require evidence of graduation from an accredited medical school?

b. Section Comm 122.05 (2) states that “The department shall prepare application materials that it may update as necessary.” It would be clearer if it simply stated: “The department shall provide application materials.”

c. In s. Comm 122.06 (2) (a), what is an “eligible clinic”? Also, s. 560.183 (9) (c) 3., Stats., requires practice at a “public or private, nonprofit entity.” It is suggested that this phrase be substituted for “eligible clinic.”

d. Section Comm 122.06 (2) (c) refers to “(f)ailing to take medicare assignment.” However, s. 560.183 (9) (c) 1., Stats., refers to “failing to take medicare assignment as payment in full for services or articles provided.” The same terminology should be used in the rule.

e. Section Comm 122.06 (2) (h) refers to “(f)ailing to use a sliding fee scale for patients who cannot afford to pay for medical care.” However, s. 560.183 (9) (c) 2., Stats., upon which this provision is based, provides that the person must use a “sliding fee scale or comparable method of determining payment arrangements for patients who are not eligible for medicare or medical assistance and who are unable to pay the customary fee for the physician’s services.” Why is the same terminology not used in the rule?